

Name: _____ Co-App: _____

Service Address: _____ Account No.: _____

Mailing Address: _____

Phone: _____

CITY OF MILTON-FREEWATER - UTILITY SERVICE APPLICATION**Applicant Information**

Name → _____

Drivers License # and State → _____

Social Security number → _____

Date of Birth → _____

Employer and Employers phone → _____

Other names used → _____

Co-Applicant Information

Name → _____

Drivers License # and State → _____

Social Security number → _____

Date of Birth → _____

Employer and Employers phone → _____

Other names Used → _____

Previous services with the City of Milton-Freewater:**Yes _____ No****If yes, when and under what name** _____

1. _____

Name

Address

Relationship

Phone

2. _____

Name

Address

Relationship

Phone

I agree to abide by the terms and conditions set forth in the City's ordinances, resolutions and policies regarding the use of and payment for utility services. I understand that failure to pay when due may be cause for penalty charges or disconnection. I affirm that the information given above is true and accurate to the best of my knowledge. I agree to provide changes to any of the information provided above as soon as they take place.

Applicant's signature

Date

Co-Applicant's signature

Date

Deposit information:

Amount Required: _____

Date Paid: _____

FI or GC: _____

Amount Applied: _____

Amount Refunded: _____

Date Finaled: _____

Interest included: _____

Date Refunded: _____

Refund: _____

Balance Due: _____

Check Number: _____

Apply: _____

Remarks:
